



APPLICANT INFORMATION

Sailor's name:

Parent/guardian name:

Address:

City:

State:

Zip:

Home phone:

Mobile/work phone:

E-mail:

Employer:

Have you received a McConnell scholarship in the past? Yes No

What program would you like to be registered for?

Amount requested: \$

What circumstances make this assistance needed?

This request should be preceded by completed registration and submission of \$100 class deposit. You can register at www.communitysailingcenter.org. or by calling us at (802)-864-2499. Please note that you are applying for a scholarship during checkout.

All requests, names, and specific information will be kept confidential. Thanks to a very generous grant from the Mike McConnell Trust, the Community Sailing Center is pleased to offer scholarships for sailing. Any youth or adult sailor whose family is in need of assistance is eligible for this scholarship. We are discreet and very happy to offer this opportunity.